Cigna Electronic Fund Transfer Authorization Form



| Complete the following your bank account: | g information ONLY | if you want your monthly pre | emium automa | tically deducted from | |
|---|------------------------|------------------------------|--------------|-------------------------|--|
| Last Name | | First Name | | Middle Initial | |
| Address | | | | | |
| City | | | State | Zip Code | |
| Routing Number | | Bank Account Number | | | |
| Attach Voided Check Here: | | | DATE | 1025 | |
| | PAY TO THE ORDER OF | 10 | | DOLLARS Details on Back | |
| | Routing Numbe | | 1025 | | |

I hereby authorize Cigna Health and Life Insurance Company (my Cigna plan sponsor) to deduct from my bank account listed above my monthly Cigna premium and/or monthly Optional Supplemental Plan premium amount due, and if applicable any Late Enrollment Penalty amount due. In the event my monthly premium is lower than the expected monthly premium due to overpayments or adjustments, I authorize Cigna Health and Life Insurance Company to automatically deduct my bank account for the lower amount due. This automatic deduction must go through my bank approval process; therefore, I understand the first deduction could take several weeks to process. Once approved, this deduction will occur on approximately the 15th of every month and will continue as long as I am enrolled in the Cigna plan or until I select another payment method. Once withdrawal begins, you may see more than one deduction, the deduction will be: 1) a deduction for the current month's premium and 2) one or more deductions for prior months' premiums when you received health care coverage, but no automatic withdrawals or other payments were made. I understand this authorization will remain in effect regardless if my annual premium changes at any time during my enrollment unless I verbally or in writing revoke this authorization.

| Signature of Customer/Enrollee or Authorized Representative | Today's Date | | | |
|---|--------------|---|---|--|
| | | / | / | |



Mail this completed and signed form to:

Cigna Attn: MAS Enrollment PO Box 20012 Nashville, TN 37202-9919



Ask for help if needed:

1-800-668-3813 (TTY 711) 8 a.m. to 8 p.m. local time

October to March: 7 days a week

April to September: Monday to Friday

Our automated phone system may answer your call during weekends, holidays and after hours.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Cigna contracts with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDP) in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal. © 2021 Cigna